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NH Department of Health and Human Services

STANDARD EXHIBIT I

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT BUSINESS ASSOCIATE AGREEMENT

The Contractor identified in Section 1.3 of the General Provisions of the Agreement agrees to comply with the Health Insurance Portability and Accountability Act, Public Law 104-191 and with the Standards for Privacy and Security of Individually Identifiable Health Information, 45 CFR Parts 160 and 164. As defined herein, "Business Associate" shall mean the Contractor and subcontractors and agents of the Contractor that receive, use or have access to protected health information under this Agreement and "Covered Entity" shall mean the State of New Hampshire, Department of Health and Human Services.

health information under this Agreeme Health and Human Services.	ent and "Covered Entity" shall mean the State of New Hampshire, Department o
(1) <u>Defini</u>	<u>tions</u>
a. " <u>Desig</u> set" in 45 CFR Section 164.501.	nated Record Set" shall have the same meaning as the term "designated record
b. " <u>Data</u> CFR Section 164.501.	Aggregation" shall have the same meaning as the term "data aggregation" in 45
c. operations" in 45 CFR Section 164.501	h Care Operations" shall have the same meaning as the term "health care .
d. " <u>HIPA</u> Law 104-191.	A" means the Health Insurance Portability and Accountability Act of 1996, Public
·	dual" shall have the same meaning as the term "individual" in 45 CFR Section who qualifies as a personal representative in accordance with 45 CFR Section
	cy Rule" shall mean the Standards for Privacy of Individually Identifiable Health 164, promulgated under HIPAA by the United States Department of Health and
	cted Health Information" shall have the same meaning as the term "protected 164.501, limited to the information created or received by Business Associated
h. "Requ CFR Section 164.501.	ired by Law" shall have the same meaning as the term "required by law" in 45
i. " <u>Secre</u> or his/her designee.	etary" shall mean the Secretary of the Department of Health and Human Services
•	rity Rule" shall mean the Security Standards for the Protection of Electronic Report 164, Subpart C, and amendments thereto.

NH DHHS, Office of Business Operations
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k. established under 45 C.F.R. Pa	Other Definitions - All terms not otherwise defined herein rts 160, 162 and 164, as amended from time to time.	shall have the meaning
(2)	Use and Disclosure of Protected Health Information	
Further, the Business Associate	Business Associate shall not use, disclose, maintain or tasonably necessary to provide the services outlined under Exeshall not, and shall ensure that its directors, officers, employed HI in any manner that would constitute a violation of the Privacy	hibit A of the Agreement. es and agents, do not use,
b. (i) for the proper n (ii) (iii)	Business Associate may use or disclose PHI: nanagement and administration of the Business Associate; as required by law, pursuant to the terms set forth in paragrap for data aggregation purposes for the health care operations of	
third party that such PHI will be purpose for which it was disclo	To the extent Business Associate is permitted under the Agree must obtain, prior to making any such disclosure, (i) reason be held confidentially and used or further disclosed only as resed to the third party; and (ii) an agreement from such third paches of the confidentiality of the PHI, to the extent it has ob-	able assurances from the equired by law or for the party to immediately notify
that it is required by law, without disclosure and to seek appropriate the control of the contro	The Business Associate shall not, unless such disclosure is a of the Agreement, disclose any PHI in response to a request at first notifying Covered Entity so that Covered Entity has an originate relief. If Covered Entity objects to such disclosure, the until Covered Entity has exhausted all remedies.	for disclosure on the basis apportunity to object to the
Security Rule, the Business A	If the Covered Entity notifies the Business Associate that Covers on the uses or disclosures or security safeguards of PHI pussociate shall be bound by such additional restrictions and ictions and shall abide by any additional security safeguards.	ursuant to the Privacy and
(3)	Obligations and Activities of Business Associate	
•	Business Associate shall report to the designated Privacy Of pf PHI in violation of the Agreement, including any security in a saware, within two (2) business days of becoming aware of	ncident involving Covered
electronic or any other form, the	Business Associate shall use administrative, physical and protect the confidentiality, integrity and availability of protect at it creates, receives, maintains or transmits under this Agree to prevent the use or disclosure of PHI other than as permitted	ted health information, in ement, in accordance with
•	Business Associate shall make available all of its internal the use and disclosure of PHI received from, or created or d Entity to the Secretary for purposes of determining Covered curity Rule.	received by the Business
disclosure of PHI contained her (3)k herein. The Covered En NH DHHS, Office of Business Operation Standard Exhibit I – HIPAA Business As January 2009		conditions on the use and ed under Section (3)b and
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associate agreements with Contractor's intended business associates, who will be receiving PHI pursuant to this Agreement, with rights of enforcement and indemnification from such business associates who shall be governed by standard provision #13 of this Agreement for the purpose of use and disclosure of protected health information.

- e. Within five (5) business days of receipt of a written request from Covered Entity, Business Associate shall make available during normal business hours at its offices all records, books, agreements, policies and procedures relating to the use and disclosure of PHI to the Covered Entity, for purposes of enabling Covered Entity to determine Business Associate's compliance with the terms of the Agreement.
- f. Within ten (10) business days of receiving a written request from Covered Entity, Business Associate shall provide access to PHI in a Designated Record Set to the Covered Entity, or as directed by Covered Entity, to an individual in order to meet the requirements under 45 CFR Section 164.524.
- g. Within ten (10) business days of receiving a written request from Covered Entity for an amendment of PHI or a record about an individual contained in a Designated Record Set, the Business Associate shall make such PHI available to Covered Entity for amendment and incorporate any such amendment to enable Covered Entity to fulfill its obligations under 45 CFR Section 164.526.
- h. Business Associate shall document such disclosures of PHI and information related to such disclosures as would be required for Covered Entity to respond to a request by an individual for an accounting of disclosures of PHI in accordance with 45 CFR Section 164.528.
- i. Within ten (10) business days of receiving a written request from Covered Entity for a request for an accounting of disclosures of PHI, Business Associate shall make available to Covered Entity such information as Covered Entity may require to fulfill its obligations to provide an accounting of disclosures with respect to PHI in accordance with 45 CFR Section 164.528.
- j. In the event any individual requests access to, amendment of, or accounting of PHI directly from the Business Associate, the Business Associate shall within two (2) business days forward such request to Covered Entity. Covered Entity shall have the responsibility of responding to forwarded requests. However, if forwarding the individual's request to Covered Entity would cause Covered Entity or the Business Associate to violate HIPAA and the Privacy and Security Rule, the Business Associate shall instead respond to the individual's request as required by such law and notify Covered Entity of such response as soon as practicable.
- k. Within ten (10) business days of termination of the Agreement, for any reason, the Business Associate shall return or destroy, as specified by Covered Entity, all PHI received from, or created or received by the Business Associate in connection with the Agreement, and shall not retain any copies or back-up tapes of such PHI. If return or destruction is not feasible, or the disposition of the PHI has been otherwise agreed to in the Agreement, Business Associate shall continue to extend the protections of the Agreement, to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible, for so long as Business Associate maintains such PHI. If Covered Entity, in its sole discretion, requires that the Business Associate destroy any or all PHI, the Business Associate shall certify to Covered Entity that the PHI has been destroyed.

(4) <u>Obligations of Covered Entity</u>

- a. Covered Entity shall notify Business Associate of any changes or limitation(s) in its Notice of Privacy Practices provided to individuals in accordance with 45 CFR Section 164.520, to the extent that such change or limitation may affect Business Associate's use or disclosure of PHI.
- b. Covered Entity shall promptly notify Business Associate of any changes in, or revocation of permission provided to Covered Entity by individuals whose PHI may be used or disclosed by Business Associate under this Agreement, pursuant to 45 CFR Section 164.506 or 45 CFR Section 164.508.

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c. Covered entity shall promptly notify Business Associate of any restrictions on the use or disclosure of PHI that Covered Entity has agreed to in accordance with 45 CFR 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of PHI.

(5) Termination for Cause

In addition to standard provision #10 of this Agreement the Covered Entity may immediately terminate the Agreement upon Covered Entity's knowledge of a breach by Business Associate of the Business Associate Agreement set forth herein as Exhibit I. The Covered Entity may either immediately terminate the Agreement or provide an opportunity for Business Associate to cure the alleged breach within a timeframe specified by Covered Entity. If Covered Entity determines that neither termination nor cure is feasible, Covered Entity shall report the violation to the Secretary.

(6) <u>Miscellaneous</u>

- a. <u>Definitions and Regulatory References</u>. All terms used, but not otherwise defined herein, shall have the same meaning as those terms in the Privacy and Security Rule, as amended from time to time. A reference in the Agreement, as amended to include this Exhibit I, to a Section in the Privacy and Security Rule means the Section as in effect or as amended.
- b. <u>Amendment</u>. Covered Entity and Business Associate agree to take such action as is necessary to amend the Agreement, from time to time as is necessary for Covered Entity to comply with the changes in the requirements of HIPAA, the Privacy and Security Rule, and applicable federal and state law.
- c. <u>Data Ownership</u>. The Business Associate acknowledges that it has no ownership rights with respect to the PHI provided by or created on behalf of Covered Entity.
- d. <u>Interpretation</u>. The parties agree that any ambiguity in the Agreement shall be resolved to permit Covered Entity to comply with HIPAA and the Privacy and Security Rule.
- e. <u>Segregation</u>. If any term or condition of this Exhibit I or the application thereof to any person(s) or circumstance is held invalid, such invalidity shall not affect other terms or conditions which can be given effect without the invalid term or condition; to this end the terms and conditions of this Exhibit I are declared severable.
- f. <u>Survival</u>. Provisions in this Exhibit I regarding the use and disclosure of PHI, return or destruction of PHI, extensions of the protections of the Agreement in section 3 k, the defense and indemnification provisions of section 3.d and standard contract provision #13, shall survive the termination of the Agreement.

IN WITNESS WHEREOF, the parties hereto have duly executed this Exhibit I.

Contractor Initials:_	
Date:	

State of New Hampshire Agency Name	Contractor Name	
Signature of Authorized Representative	Contractor Representative Signature	
Authorized DHHS Representative Name	Authorized Contractor Representative Name	
Authorized DHHS Representative Title	Authorized Contractor Representative Title	
Date	Date	

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